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DEPT. OF HEALTH AND HUMAN SERVICES

HERITAGE HEALTH

# Nebraska Department of Health and Human Services Health Plan Advisory

No. 18-05

(rescinds 17-14)

DATE: November 16, 2018

TO: Nebraska Heritage Health Plans

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care

BY: Lacie Pika, Administrator I
Division of Medicaid & Long-Term Care (MLTC)

RE: Durable Medical Equipment (DME) for Medicaid Clients Residing in Nursing Facilities (NF) and Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD)

This Health Plan Advisory (HPA) is being issued to provide guidance to the Heritage Health plans about the requirements for reimbursement of certain DME items for clients residing in NFs or ICF/DDs. Effective November 16, 2018 this HPA rescinds and replaces HPA No. 17-14, issued April 6, 2017.

Pursuant to 471 NAC 12-011.04E, the following items are to be billed separately by the NF or ICF/DD to the Heritage Health plan in which the client is enrolled, and are not included as part of the NF's or ICF/DD's Medicaid per diem rate:

1. Non-standard wheelchairs, including power-operated vehicles, and wheelchair seating systems, including certain pressure reducing wheelchair cushions, needed for the client's permanent and fulltime use;
2. Air fluidized bed units and low air loss bed units; and
3. Negative pressure wound therapy.

These items cannot be billed directly by the DME provider. A DME provider who has the authority to bill on behalf of a NF or ICF/DD must follow the billing instructions of the Heritage Health plan in which the client is enrolled.

Also pursuant to 471 NAC 12-011.04E, "[t]o be covered, the client's condition must meet the criteria for coverage for the item outlined in the appropriate Medicaid provider chapter." For payment by the Heritage Health plan in which the client is enrolled to occur, the requested item must be medically necessary and appropriate for the client.

Each Heritage Health plans is responsible for determining medical necessity for these items and may prior authorize these items.

For in-network and out-of-network providers, approved items will be reimbursed according to the DME provider's contract with the Heritage Health plan. For ICF/DD, the DMEbilling provider must provide the ICF/DD with the explanation of benefits from the Medicare crossover (EOMB) in order for the ICF/DD to bill the Heritage Health plan and be reimbursed. For NF, the DME provider does not need the EOMB in order for the NF to bill the Heritage Health plan and be reimbursed.

If you have questions regarding this advisory, please contact MLTC staff at: DHHS.MLTCPhysicalHealth@nebraska.gov. Health plans should also copy their contract manager.

Health Plan Advisories, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/medicaid/Pages/HealthPlanAdvisories.aspx. The "Recent Web Updates" page will help you monitor changes to the Medicaid pages.